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SERIAL NUMBER 10/631,911	FILING OR 371(c) DATE 07/31/2003 RULE	CLASS 128	GROUP ART UNIT 3743	ATTORNEY DOCKET NO. AGALIN 3.0-003 II
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APPLICANTS

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** CONTINUING DATA

This appln claims benefit of 60/404,830 08/20/2002

** FOREIGN APPLICATIONS

IF REQUIRED, FOREIGN FILING LICENSE GRANTED

** 01/05/2004

Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY FL	SHEETS DRAWING 48	TOTAL CLAIMS 30	INDEPENDENT CLAIMS 24
35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance				
Verified and Acknowledged Examiner's Signature: <i>TKM</i> Initials: <i>TKM</i>				

ADDRESS

000530

TITLE

Methods for easing pain and anxiety from atrial or ventricular defibrillation

FILING FEE RECEIVED 1630	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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